24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	<u> </u>
Spirit of Democracy America	FEC IDENTIFICATION NUMBER ▼ C C00521211
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
McNally Temple Associates, Inc.	M M / D D / Y Y Y Y
Mailing Address 1817 Capitol Avenue	11 02 2012
	mount
City State Zip Code Sacramento CA 95811	3680.31
Purpose of Expenditure Phone Banks Category/ Type 24E Office S	-
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Abel Maldonado Check (One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1167478.78 Disburse 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	M M / D D / Y Y Y Y
Mailing Address	
A	mount
City State Zip Code	
Purpose of Expenditure Category/ Type Office S	Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Check (One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3680.31
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	3680.31
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Thomas W. Hiltachk [Electronically Filed] Date 11	03 2012
Signature	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1